

A GRAND ESCAPE TO MACKINAC ISLAND



Travel arrangements
provided by



June 7-12, 2027

PASSENGER INFORMATION (1st Traveler)

(Name must be written here as it appears on your government-issued ID)

First Name: _____

Middle Name(s): _____

Last Name(s): _____

Preferred Name: _____ Gender (circle one): M F

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____

Email: _____

Date of Birth: ____/____/____
month / day / year

Dietary Needs: _____

Additional Special Requests/Needs: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact's Phone: _____

PASSENGER INFORMATION (2nd Traveler)

(Name must be written here as it appears on your government-issued ID)

First Name: _____

Middle Name(s): _____

Last Name(s): _____

Preferred Name: _____ Gender (circle one): M F

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____

Email: _____

Date of Birth: ____/____/____
month / day / year

Dietary Needs: _____

Additional Special Requests/Needs: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact's Phone: _____

First State Bank RECOMMENDS all travelers purchase a Travel Protection Plan. For your convenience, we offer a Travel Protection Plan provided by Traveler Insurance Services.

Yes, I would like to purchase the offered plan.
\$306 per person, Double or Single
(Payment must be sent at time of registration to First State Bank)

No, I decline the offered plan.

Tour Cost: per person, Double: \$2,995 Single: \$3,955
with insurance: **\$3,301 \$4,261**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. To view state specific fraud warnings, visit:
<https://www.travelersinsurance.com/company/fraud-warning>. Traveler Insurance Services Inc. ("Traveler Insurance") maintains an updated list of alerts, restricted destinations, and financial defaults on its website available at <https://www.travelersinsurance.com/customer-service/travel-alerts/travel-supplier>.

Insurance coverages underwritten by Zurich American Insurance Company (NAIC #16535, state of domicile: New York), 1299 Zurich Way, Schaumburg, IL 60196.

Sleeping Preference (circle one): Two Beds One Bed

Roommate (name): _____

For further information or questions, please contact:

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PLEASE TURN OVER FOR SIGNATURE

